

CITY OF DULUTH, BUILDING INSPECTION
DIVISIONHEATING, VENTILATING,
AIR CONDITIONING, REFRIGERATION APPLICATION

IMPORTANT — Complete ALL items. Mark boxes where applicable.

No.

LOCATION OF BUILDING	Street Address <input checked="" type="checkbox"/>		Zone	Plat & Parcel
	Lot			
	Block	Subdivision		

TYPE AND COST OF INSTALLATION

A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D) 3 <input type="checkbox"/> Repair, replacement or Alteration (See 2 above)		D. PROPOSED USE — For "Wrecking" most recent use. RESIDENTIAL 01 <input type="checkbox"/> One family 02 <input type="checkbox"/> Two family 03 <input type="checkbox"/> Three family 04 <input type="checkbox"/> Four family 05 <input type="checkbox"/> Five or more family 06 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____ 07 <input type="checkbox"/> Other — Specify _____		NON-RESIDENTIAL 09 <input type="checkbox"/> Amusement, recreational 10 <input type="checkbox"/> Church, other religious 11 <input type="checkbox"/> Industrial 12 <input type="checkbox"/> Parking garage 13 <input type="checkbox"/> Service station, repair garage 14 <input type="checkbox"/> Hospital, institutional 15 <input type="checkbox"/> Office, bank, professional 16 <input type="checkbox"/> Public utility 17 <input type="checkbox"/> School, library, other educational 18 <input type="checkbox"/> Stores, mercantile 19 <input type="checkbox"/> Other — Specify _____
B. OWNERSHIP 1 <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) 2 <input type="checkbox"/> Public (Federal, State, or local government)		Owner or Agent's Name <input checked="" type="checkbox"/>		

C. PRINCIPAL TYPE OF HEATING FUEL 1 <input type="checkbox"/> Gas 2 <input type="checkbox"/> Oil 3 <input type="checkbox"/> Electricity 4 <input type="checkbox"/> Coal 4 <input type="checkbox"/> Other — Specify _____	Describe in detail the scope of Heating, Ventilating, Air Conditioning & Refrigeration Work <input checked="" type="checkbox"/>
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CHECK TYPE OF SYSTEM	WARM AIR PLANTS GRAVITY <input type="checkbox"/> MECHANICAL <input type="checkbox"/>		AIR CONDITIONING <input type="checkbox"/> PARTIAL COOLING <input type="checkbox"/> VENT. SYSTEM <input type="checkbox"/>	HEATING OR POWER PLANT STEAM <input type="checkbox"/> HOT WATER <input type="checkbox"/>		SPECIAL DEVICES (SPECIFY USE)	OTHER DEVICES
	SUMMER <input type="checkbox"/>	WINTER <input type="checkbox"/>	ALL YEAR <input type="checkbox"/>	BOILER	RADIATION		
TAKE							
IZE NO.							
ONN. LOAD							
UEL							
LUE DIA.							
UPPLY OPNS.							
ETURN OPNS.							
CAPACITY	INPUT						
	CFM						
	TONS						
	EDR						
	BTU						
HP							
QUIP. COOLED							
			AIR <input type="checkbox"/> LIQUID <input type="checkbox"/>				

ESTIMATED VALUATION ☒Fee ☒

Plan Checking Fee

State Surcharge ☒TOTAL FEE ☒

In consideration of the issue and delivery to me by the Building Inspector of the City of Duluth of a permit to install the Heating, Ventilating, Air Conditioning, and/or Refrigeration work indicated above, I agree to do said proposed work in strict accordance with all City Ordinances and applicable State Regulations relative to same, and, that when the work is ready, I shall notify the Department of Building Inspection, requesting that an examination be made of said work, as required by City Ordinance and State Regulation.

Firm: ☒Address: ☒Phone No. ☒Date: ☒By: ☒